

UNITED STATES

UTILITY PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

ATTORNEY'S DOCKET NO.

206,697

FEB 10 2005

O P E
JCS
FEB 10 2005
INVENTION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name:

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled

(1)

SYSTEM FOR PROVIDING TACTILE STIMULATION IN RESPONSE TO A
PREDETERMINED ALARM CONDITION

the specification of which

(2) CHECK
APPROPRIATE
BOX(2) is attached hereto.

was filed on 4 April 2003 as Application No. PCT/AU03/00407

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge my duty to disclose information of which I am aware which is material to the patentability of this application under 37 CFR 1.56(a); the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application; and as to applications for patents or inventor's certificate on the invention filed in any country foreign to the United States prior to this application by me or my legal representatives or assigns.

(3) CHECK
APPROPRIATE
BOX(3) no such applications have been filed, or

such application(s) have been filed as follows:

(4) COMPLETE
DATA
INDICATED
IF
APPLICABLE

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS APPLICATION				
Country	Application Number	Date of Filing (day, month, year)	Date of Issue (day, month, year)	Priority Claimed Under 35 USC 119
(4) Australia	PS 1577	5 April 2002		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

ALL FOREIGN APPLICATIONS, IF ANY, FILED MORE THAN 12 MONTHS PRIOR TO THIS APPLICATION				
(4)				

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(5) COMPLETE DATA INDICATED IF APPLICABLE	(5) (Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)
			(Status: patented, pending, abandoned)

(Page 1 of 2)

BEST AVAILABLE COPY

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Jeffrey A. Schwab, Registration Number 24,490
Thomas E. Spath, Registration Number 25,928
Jay S. Cinamon, Registration Number 24,156
Joseph J. Catanzaro, Registration Number 25,837

Abigail F. Cousins, Registration Number 29,292
Anthony Coppola, Registration Number 41,493
Alan D. Gilliland, Registration Number 26,549
Anthony J. Natoli, Registration Number 36,223

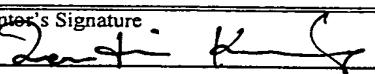
O I P E
FEB 10 2005
U.S. PATENT & TRADEMARK OFFICE
89

Send correspondence to:
ABELMAN, FRAYNE & SCHWAB
150 East 42nd Street
New York, New York 10017-5612

Direct telephone calls to:
Jeffrey A. Schwab, Thomas E. Spath,
Jay S. Cinamon, Joseph J. Catanzaro,
Abigail F. Cousins, Alan D. Gilliland,
Anthony Coppola or Anthony J. Natoli
at (212) 949- 9022

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(6) DETAILS
REQUIRED
FOR EACH
INVENTOR

Full Name of Sole or First Inventor Quentin KING	Inventor's Signature 	Date 6 Dec 2004
Residence 10 Wallaroy Street, Concord West NSW 2138 AUSTRALIA		Citizenship Australian
Post Office Address Same as above		
Full Name of Second Joint Inventor, If Any	Inventor's Signature	Date
Residence		Citizenship
Post Office Address		
Full Name of Third Inventor, If Any	Inventor's Signature	Date
Residence		Citizenship
Post Office Address		
Full Name of Fourth Joint Inventor, If Any	Inventor's Signature	Date
Residence		Citizenship
Post Office Address		
Full Name of Fifth Joint Inventor, If Any	Inventor's Signature	Date
Residence		Citizenship
Post Office Address		
Full Name of Sixth Joint Inventor, If Any	Inventor's Signature	Date
Residence		Citizenship
Post Office Address		

Page 2 of 2

BEST AVAILABLE COPY

Rec'd PCT/PTO 10 FEB 2005

10/510382



PTO/SB/01 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEB 10 2005

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor KING, Quentin

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM FOR PROVIDING TACTILE SIMULATION IN RESPONSE TO A
PREDETERMINED ALARM CONDITION**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 04/04/2003 as United States Application Number or PCT International

Application Number PCT/AU03/00407 and was amended on (MM/DD/YYYY) 06/22/2004 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
PS1577	AU	5 APRIL 2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY



PTO/SB/01 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> The address associated with Customer Number:	25227	OR	<input type="checkbox"/> Correspondence address below
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <u>QUENTIN</u>			Family Name or Surname <u>KING</u>		
Inventor's Signature 				Date <u>23/12/2004</u>	
Residence: City <u>Concord West</u>	State <u>NSW</u>	Country <u>Australia</u>	Citizenship <u>AU</u> Australian		
Mailing Address 10 Wallaroy Street					
City <u>Concord West</u>	State <u>NSW</u>	Zip <u>2138</u>	Country <u>Australia</u>		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature				Date	
Residence: City	State	Country	Citizenship		
Mailing Address					
City	State	Zip	Country		
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

[Page 2 of 2]

BEST AVAILABLE COPY